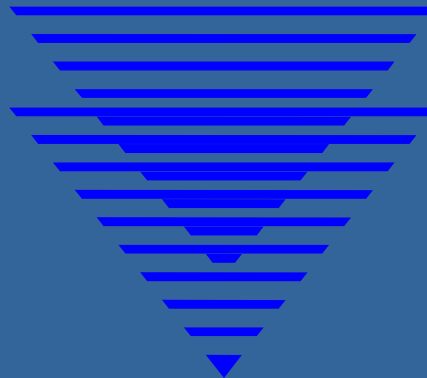




Motivational Interviewing



Gary S. Rose, Ph.D.
Harvard Medical School



Motivational Interviewing

A directive, patient-centered counseling style for increasing intrinsic motivation by helping patients explore and resolve ambivalence.

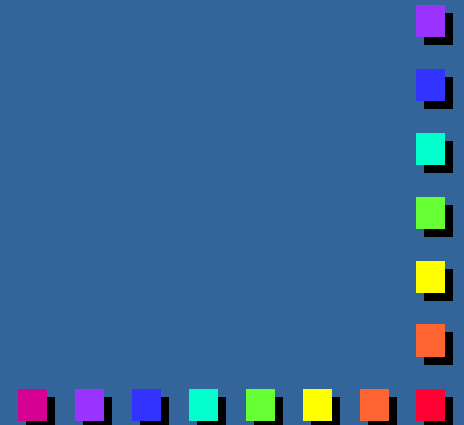
(Miller & Rollnick, 2002)





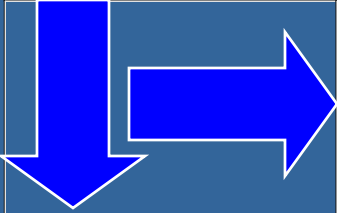
Righting Reflex

- Practitioner advocates for change
- Patient advocates for staying the same





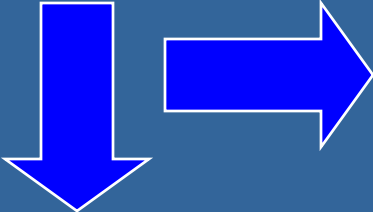
Respect Ambivalence

 BENEFITS OF:	Eat Whatever I Desire	Healthier Eating Habits
	<p>I like the tastes. It's cheaper & more convenient I don't have time to shop. I feel fine and I get exercise. At least I don't smoke. I'm not that bad a diabetic.</p>	<p>Stay healthy. Decrease medications. Control sugars & feel good. Feel like I can make a difference. <u>I don't want to die!</u></p>
COSTS OF:	<p>My Doc lectures me. I've gained another 20 lbs. I can't control my sugars as well as I used to. I don't like the meds.</p>	<p>Healthier food is expensive Too much measuring. My family hates veggies!! Where will I dine out?</p>





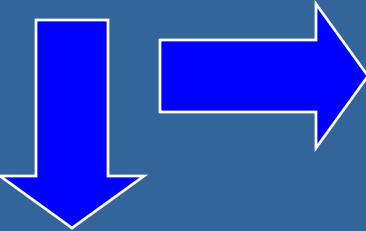
Change Talk

	MAINTAINING MY CURRENT:	CHANGING MY CURRENT:
BENEFITS OF:		<i>Change Talk</i>
COSTS OF:	<i>Change Talk</i>	





Status Quo Talk

	MAINTAINING MY CURRENT:	CHANGING MY CURRENT:
BENEFITS OF:	<i>Status Quo Talk</i>	
COSTS OF:		<i>Status Quo Talk</i>





Avoid Righting Reflex: *“Taking Sides” Trap*

PROVIDER

- “You must change”
- “You’ll be better off”
- “You can do it!!”
- “You’ll die...”

PATIENT

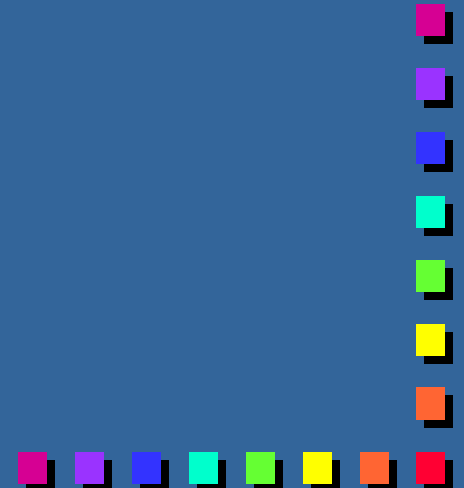
- “I don’t want to change”
- “Things aren’t half bad.”
- “No I can’t!!”
- “Uncle Fred is 89 and healthy as can be.”





Patient Advocates Change

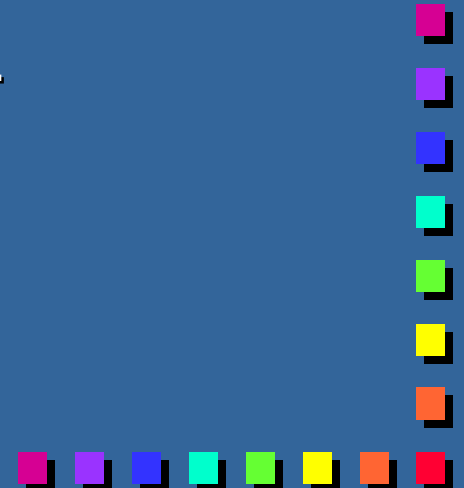
- Cons of Current Behavior
- Pros of Change
- Commitment to Change
- Optimism





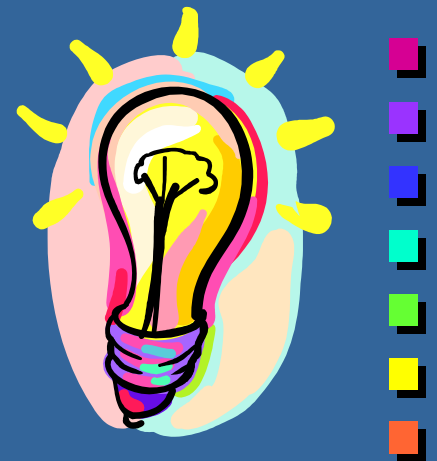
Patient Advocates Change

- Self-Perception Theory
 - *Talking about* facilitates *Believing in*
- Reactance
 - *Threaten* to take something away.....
 - Perceived *value* increases





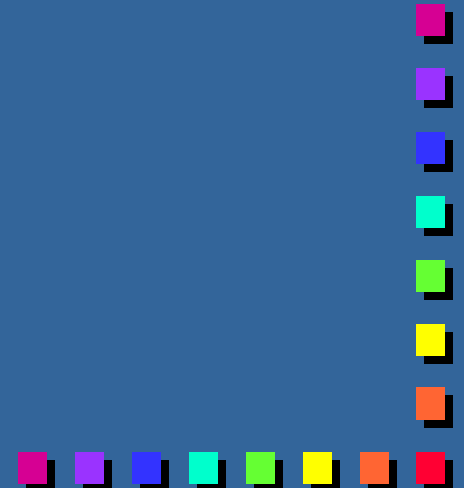
What People **say** about Change **predicts** Behavior Change





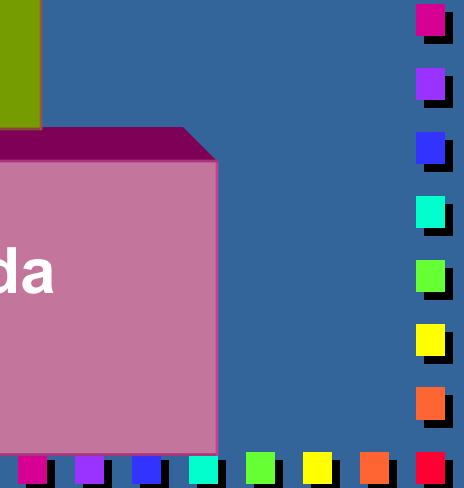
Dance, Don't Wrestle

- Avoid argumentation
- Avoid unsolicited advice
- Ask permission first





Effective Health Behavior Change





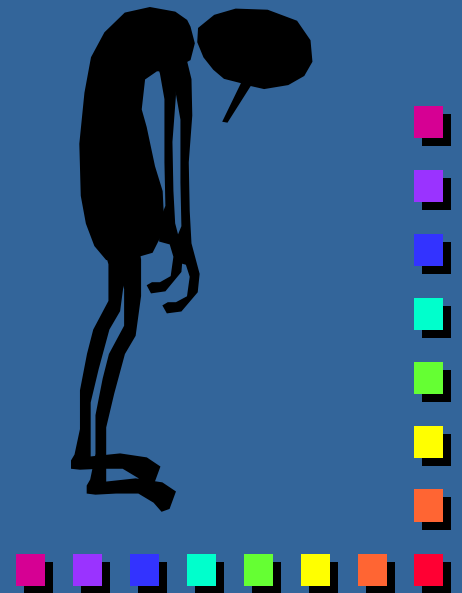
Collaboration

This is the **foundation** of
effective
health behavior consultation





Expert Trap





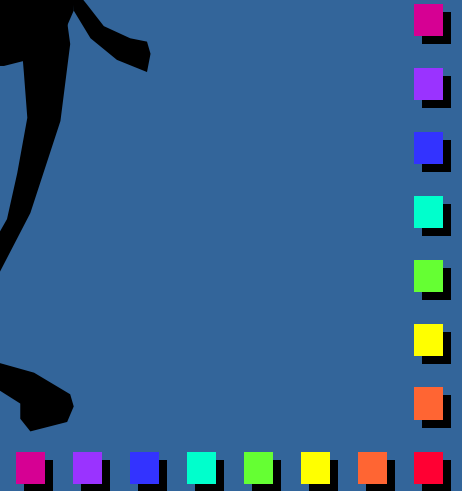
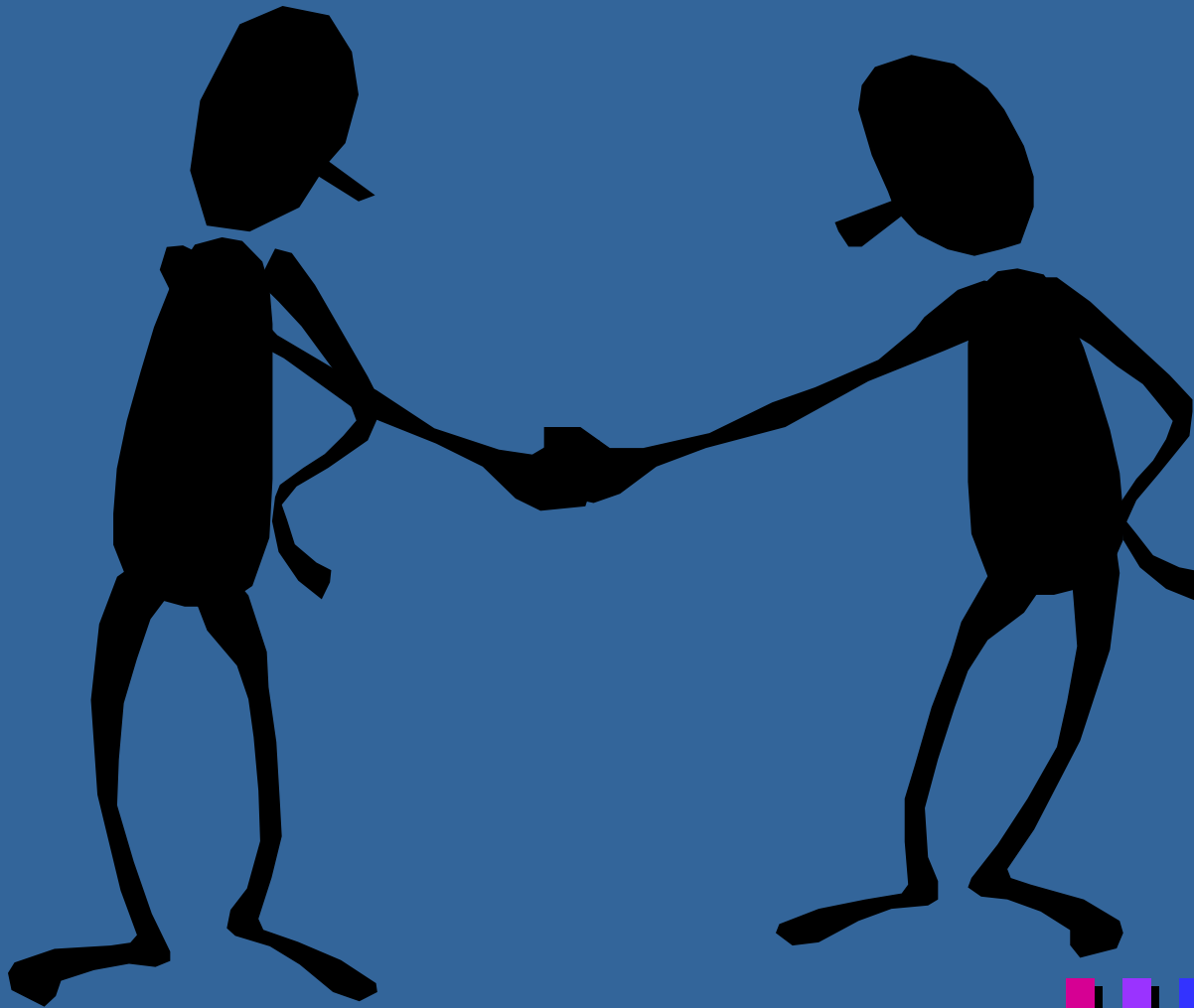
Agenda Setting

Strike While the Iron is Hot





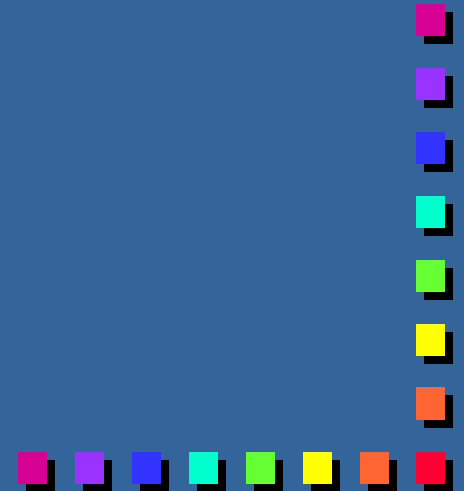
“Dual Expertise”





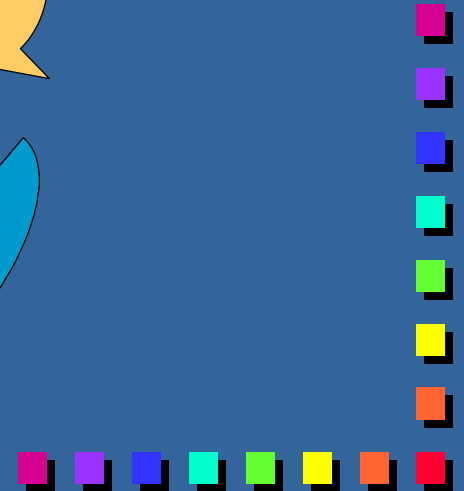
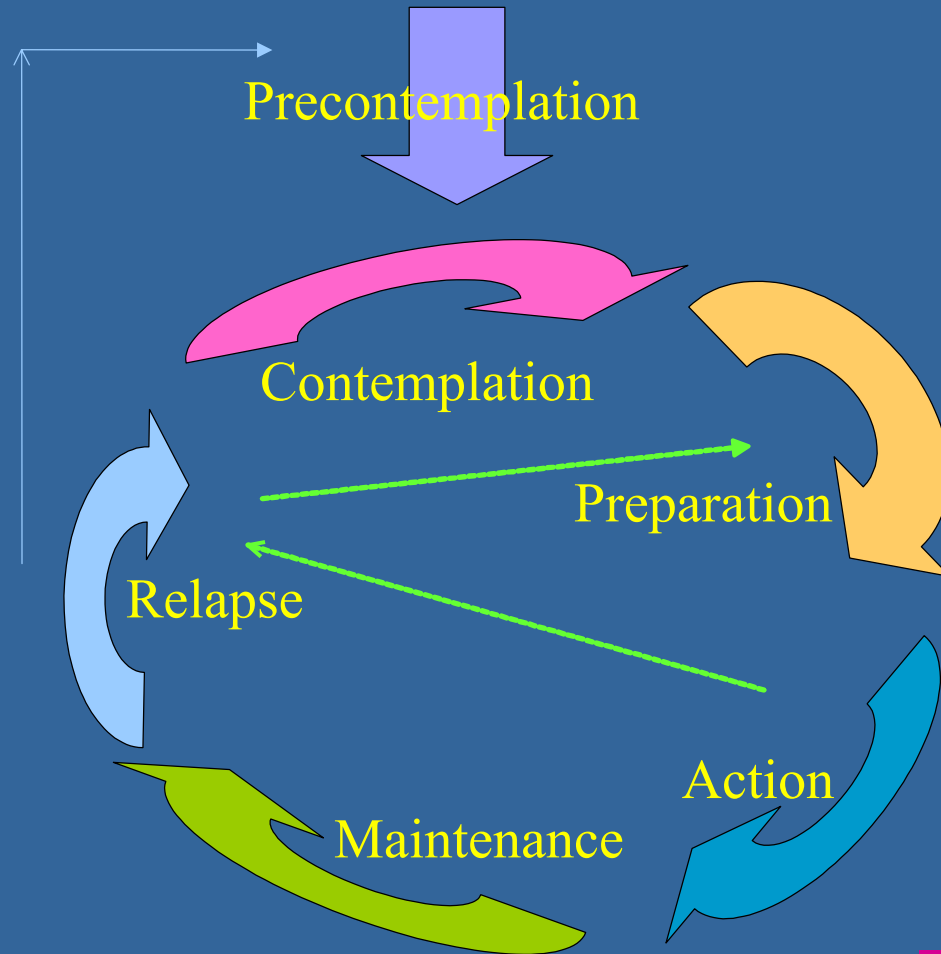
Build Rapport Quickly

- “Let’s put our heads together...”
- “Let’s review the options and figure out what’s best for you.”
- “It’ll take both of us to figure this one out.”
- “You’re in the driver’s seat...”





Respect NATURAL CHANGE





Natural Change

“Thinking about” before “Doing”

- “*Why should I?*”
- “*How can I?*”





Intrinsic Motivation

**Core value discrepancy
motivates change**

Changing because I want to





Reflective listening is
fundamental

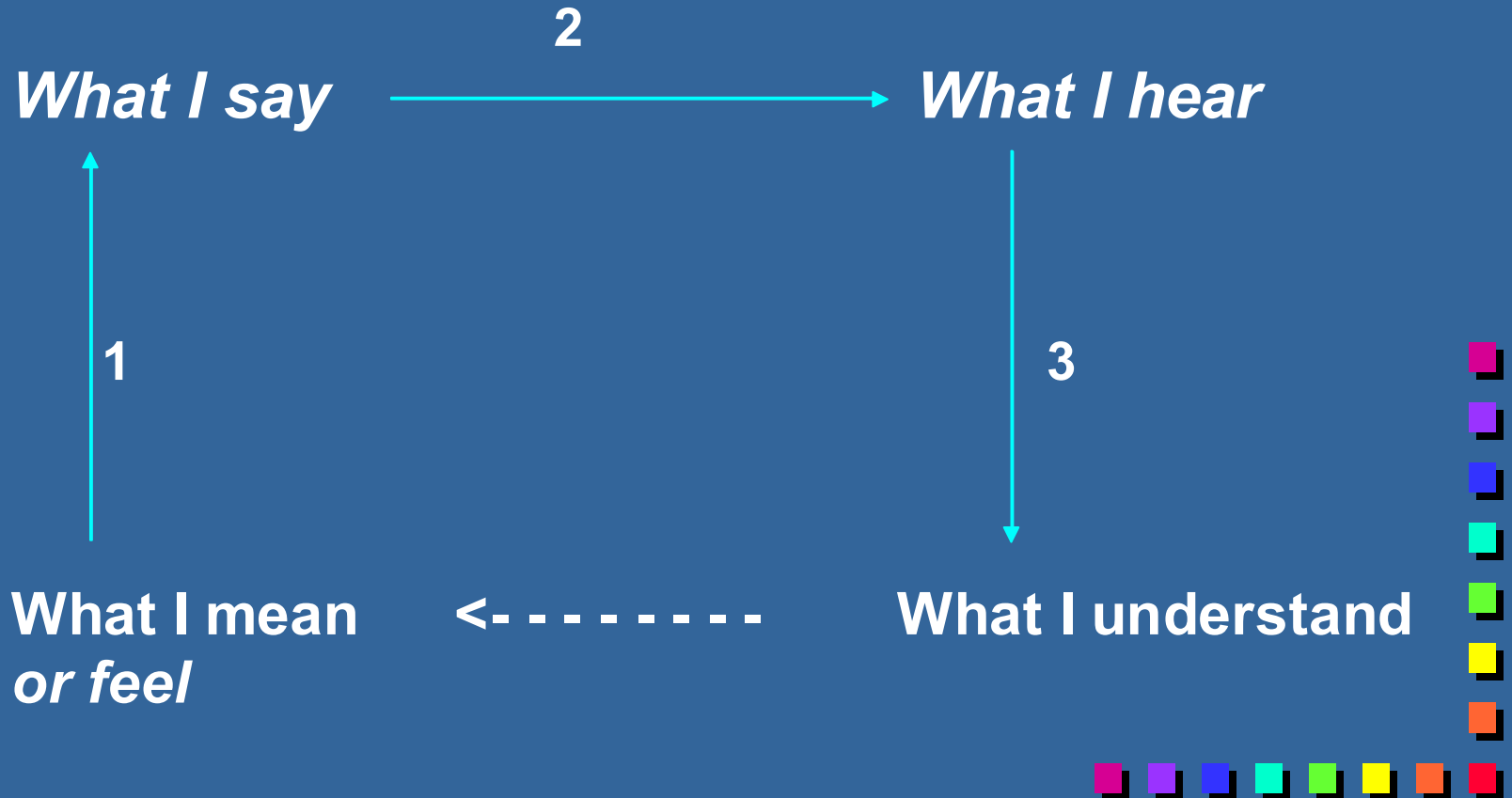




Reflective Listening

Client

Practitioner





Content reflections are short
summaries

“What did she say”





Complex reflections add the
next sentence to the story

“What did he mean?”





“I really want to eat better; I know my diet is bad for my heart. I had a heart attack two years ago, and I’m scared of having another. My wife and daughter nag me about all the junk I eat. I just don’t know if I have the discipline to do it. “

Content reflection

Feeling reflection

Meaning reflection





Universal Safe Reflections

- It sounds like you are feeling.....
 - It sounds like you are not happy with....
 - It sounds like you are a bit uncomfortable about
 - So you are saying that you are having trouble.....
 - So you are saying that you are conflicted about
-
- As you improve, you can truncate the reflection....
 - You're not ready to....
 - You're having a problem with
 - You're feeling that.....
 - It's been difficult for you....
 - You're struggling with.....





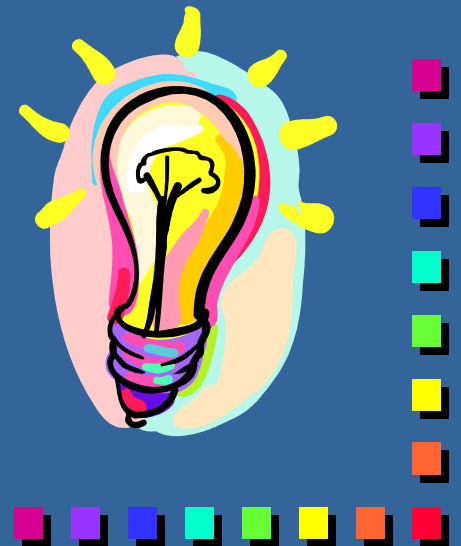
Reflective listening is more
effective than questioning





OEQ Limits

- Use only to get the ball rolling
- No more than 3 in a row





Making Questions into Reflections

Q: How frustrating was that for you?

R: That must have been frustrating.





Making Questions into Reflections

Client: I've tried to quit many times in the past...I think I've tried just about everything...but it just doesn't work..

Q: How many times have you tried to quit in the past?

Q: What methods have you used in the past?

R: You've tried several approaches but they haven't seemed to work.

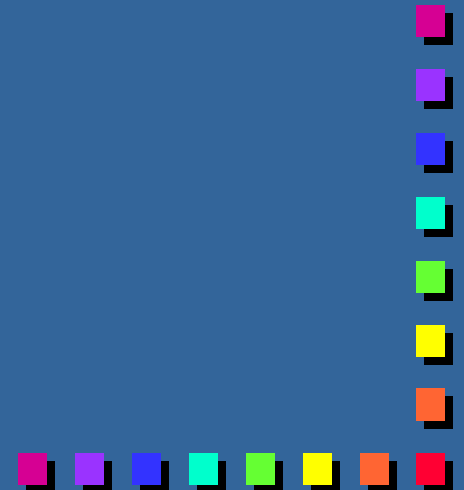
R: You want to find something that is going to work for you this time.





Big Summaries

- Special type of reflective listening
- Listening to the ***whole story***
- ***Directive***: Emphasize change talk and discrepancy





Summarization

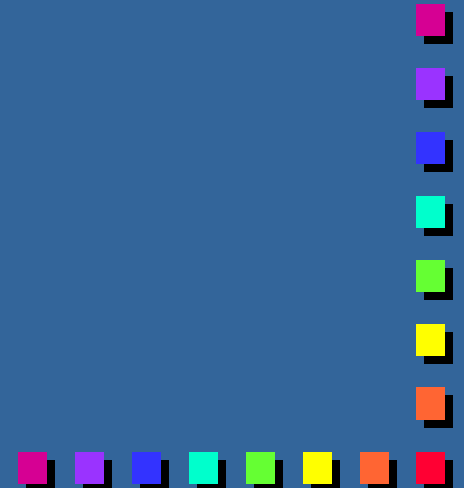
- Let me see If I understand what you've told me so far...
- Ok, this is what I've heard so far....
- Follow up with..
 - Ok, how did I do?
 - What have I missed?
 - Anything you want to correct or add?





Affirmation

- Reinforces client's participation
- Counterbalances the negativity
- Empowers the client





Three Chairs

- Speaker chooses a topic and talks, one statement at a time
- 3 listeners take turns responding
 - 1. “You should”
 - 2. Content reflection only
 - 3. Meaning reflection only
- Cycle through 5 times
- Rotate roles as time allows





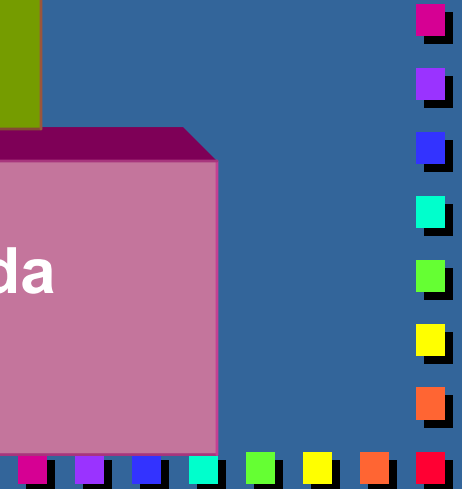
Three Chairs: Speaker Topics

- Something difficult about growing up.....
- Something somebody else wants me to change.....
- Something I wish I didn't do.....
- Something I want to accomplish.....





Effective Health Behavior Change





Importance/Confidence

1. How **important** is it for you right now to change?

On a scale of 0 to 10, what number would you give yourself?

0 10
not at all extremely
important important

A. Why are you at **x** and not at **0**?

B. What would need to happen for you to raise your score a couple of points?





Importance/Confidence

2. If you did decide to change, how **confident** are you that you could do it?

A horizontal scale from 0 to 10.

At 0: "not at all confident"

At 10: "extremely confident"

A. Why are you at x and not at 0 ?

B. What would need to happen for you to raise your score a couple of points?

C. How can I help you get there?





Elicit Change Talk While Assessing Readiness





Question Downward First

- Make a deposit in the rapport bank
- Client actively expresses concerns



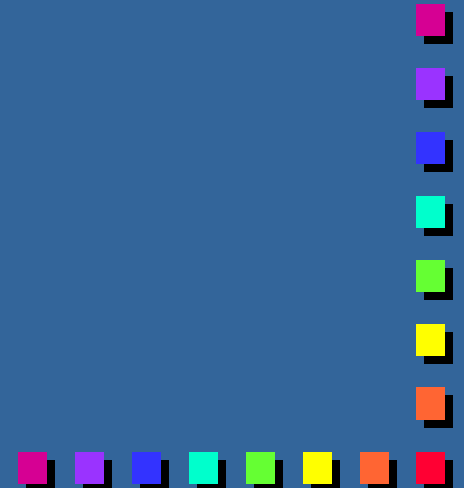
“Colombo”





Question Upward Next

- Identify Core Values
- Gentle Self-Confrontation





Where To Go?

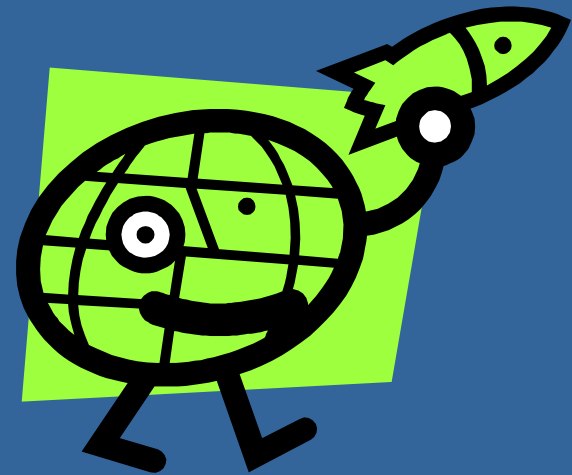
- Raise Importance First
- Build Confidence Next
- But.....
 - Hopelessness may deflate importance





Change Talk:

Personal Goals & Core Values

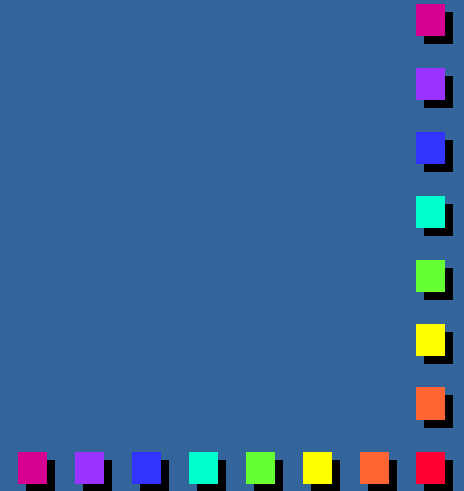
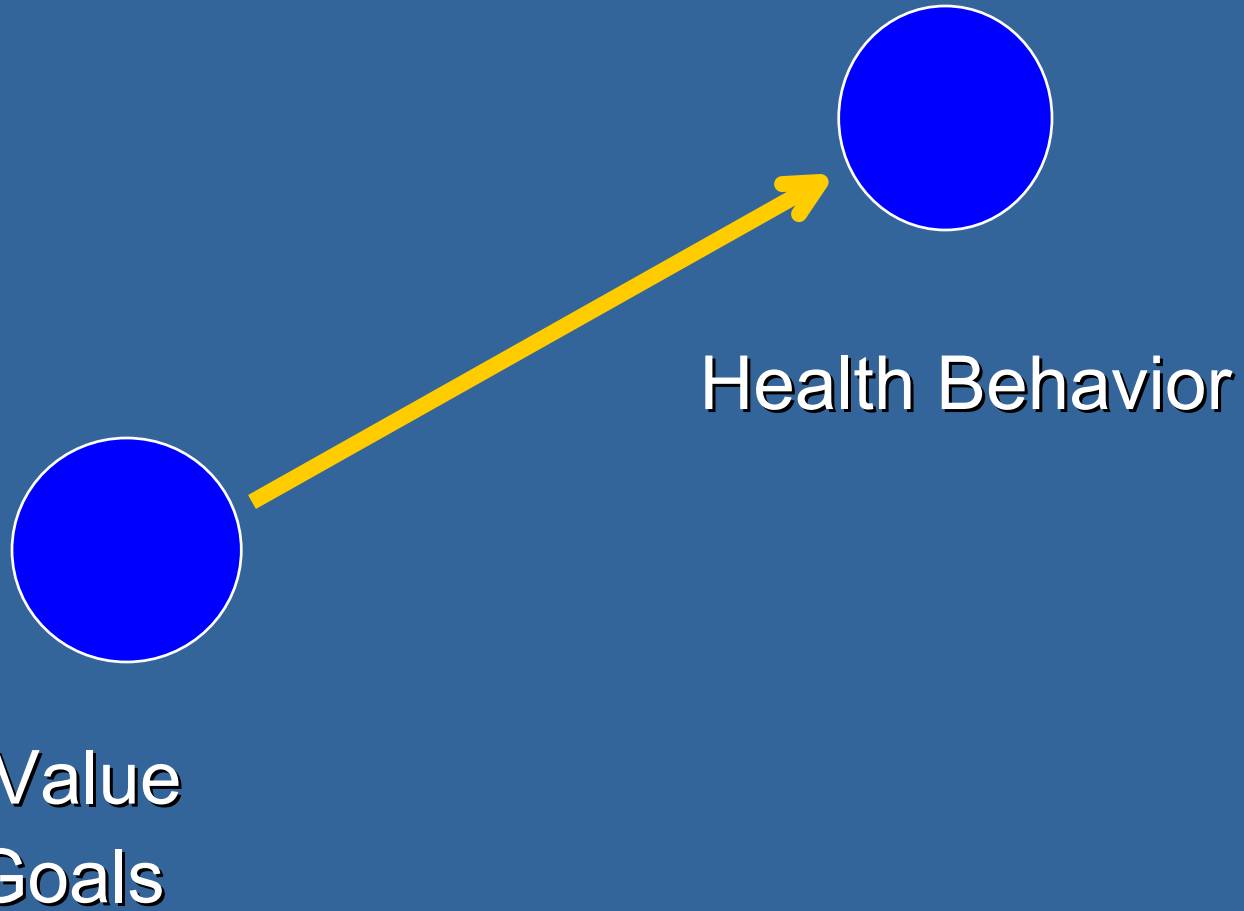




Core Value Discrepancy

- What are your most deeply held values?
- What is the connection between your health and these values?
- How does your smoking effect your ability to achieve these goals?
- How might losing your health effect these values and goals







Core Values

1.

Which of the Following Values, Traits, or Characteristics are Important to you?

**Good Parent
Good Spouse/Partner
Good Community Member
Strong
On top of things
Competent**

**Attractive
Disciplined
Responsible
In Control
Respected at work
Athletic**

2.

- **How, if at all, is your smoking related to these?**
- **How, if at all, does your smoking behavior affect your ability to achieve these goals or live out these values?**





Core Values

- _____ **Responsibility**, to do what I said I would do
- _____ **Purpose**, to have meaning and direction in my life
- _____ **Helpfulness**, to reach out to others
- _____ **Inner peace**, to find a sense of quiet/calmness
- _____ **Hope**, to see what happens in life in a positive way
- _____ **Independence**, to be able to meet my own needs
- _____ **God's will**, to follow God's plan for me
- _____ **Loving**, to give and receive love
- _____ **Family**, to have a happy, loving family
- _____ **Spirituality**, to grow and mature spiritually
- _____ **Strength, to be physically fit and capable**
- _____ **Mental strength, to be mentally alert**
- _____ **Humor**, to see the funny side of life
- _____ **Friendship**, to have close, supportive friends
- _____ **Growth**, to keep changing and growing
- _____ **Health**, to be physically well

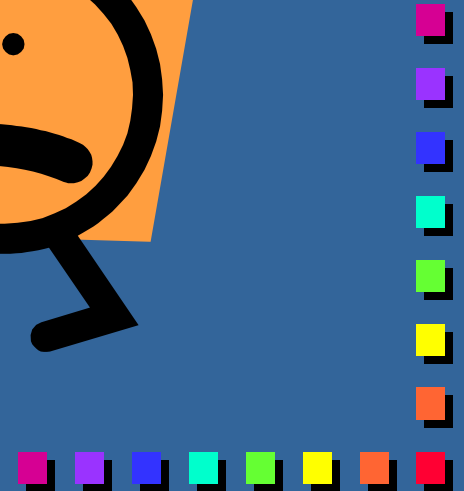




Resistance



The Flip-side of Change Talk





Handling Resistance

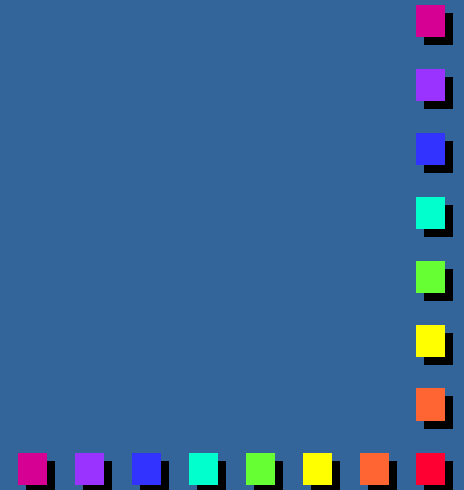
Dancing, Not Wrestling :

- Simple reflection
- Amplified reflection
- Double-sided reflection





Deposit in the “Rapport Bank” Before Making a Withdrawal





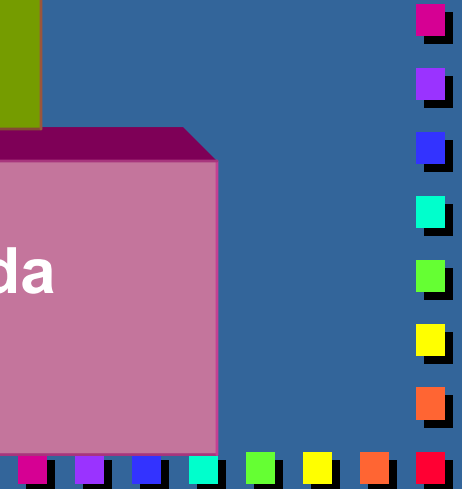
Handling Resistance Strategies

- Shifting focus
- Reframing
- Emphasize personal choice
- Join with the negative



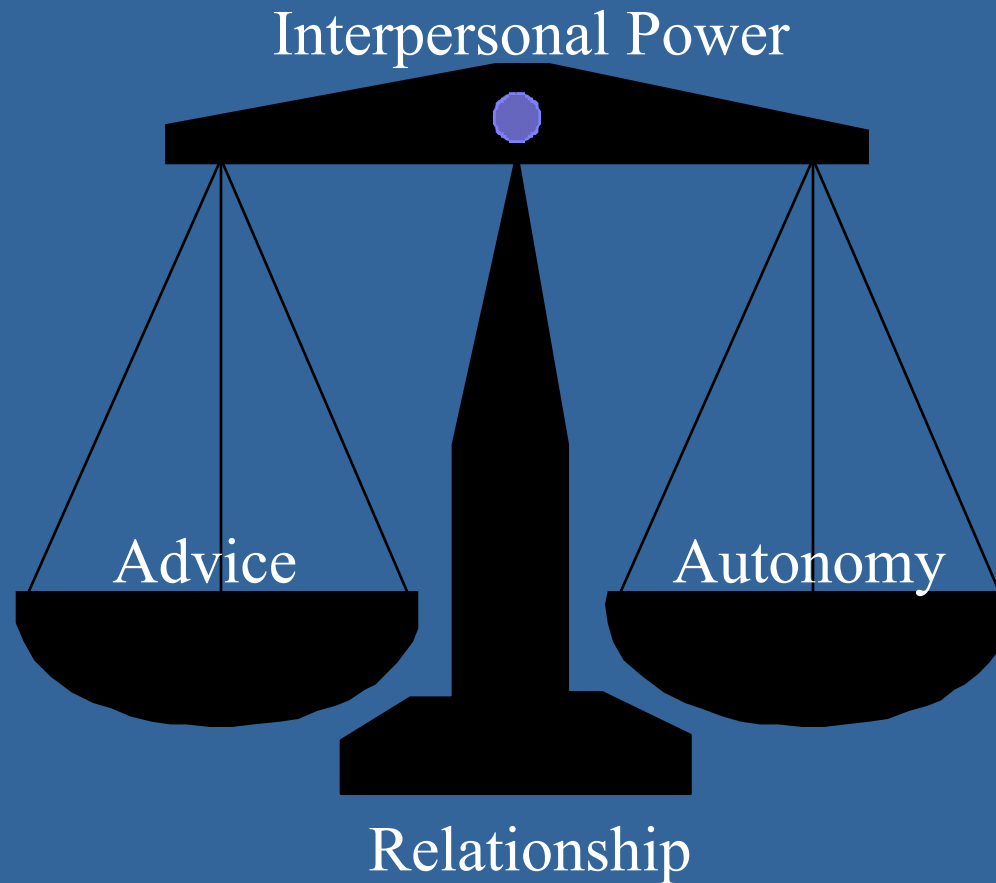


Effective Health Behavior Change





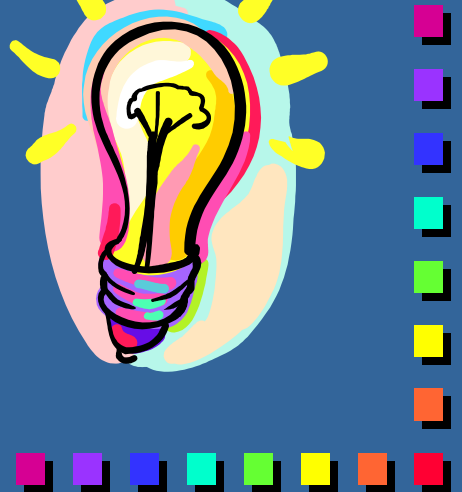
Challenges of Giving Advice





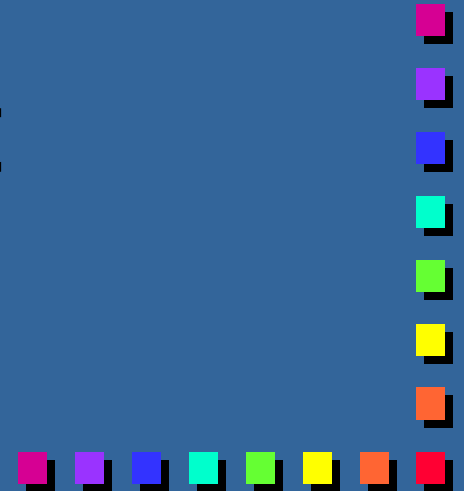
Accomplish Two Tasks

- Provide Expert Advice
- Maintain Rapport





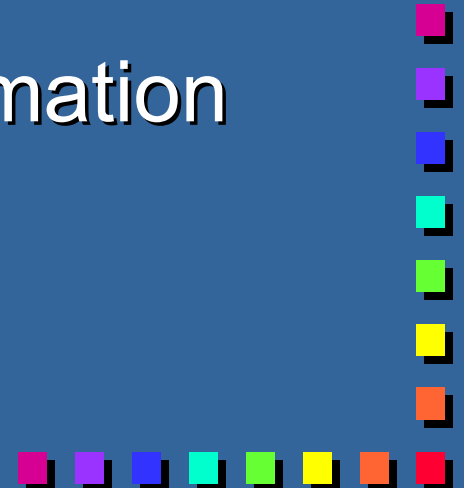
Ask Permission First





Provider-Centered Advice: *Tell – Ask - Tell*

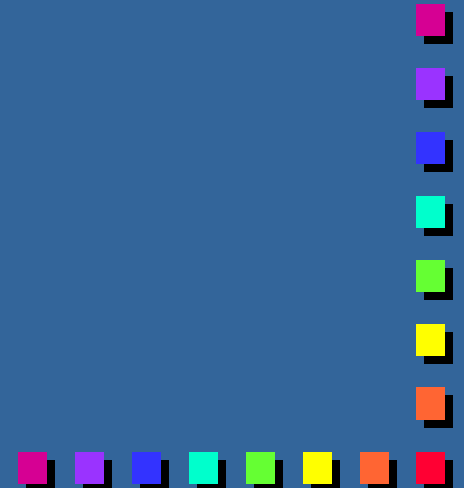
- Practitioners provide advice before checking in with the patient
- Creates an *Expert Trap*
- Often results in irrelevant information





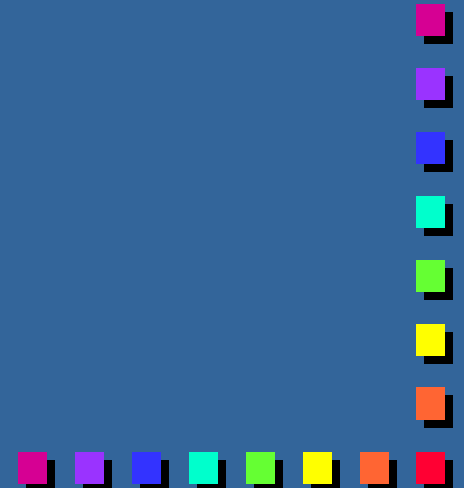
Client-Centered Advice: *Elicit-Provide-Elicit*

- 1) ***ELICIT*** patient's ideas, needs
- 2) ***PROVIDE*** advice, information
- 3) ***ELICIT*** patient's reactions





Elicit then Educate





Words of Advice

- Neutral language
 - “Folks have found...”
 - “Others have benefited from...”
 - “Doctors recommend...”
- Conditional words
 - “Might consider” vs. “ought to,” “should”
- Avoid the “I” and “Y” words
 - “I think...”
 - “You should...”





Doses of Advice

■ Smaller doses of information

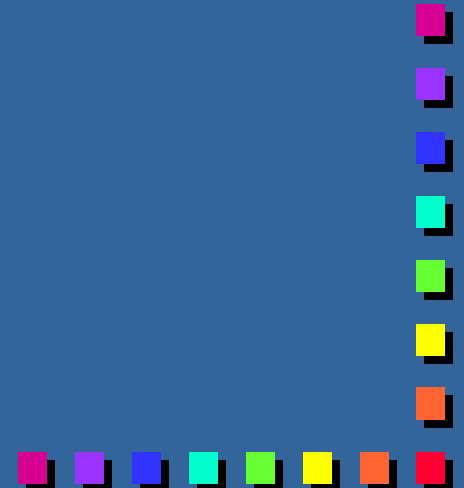
- Watch the pace
- Don't lose the patient
- Find opportunities for small summaries

■ Check In

- “How are we doing?”
- “What do you think so far?”
- “What interests you?”

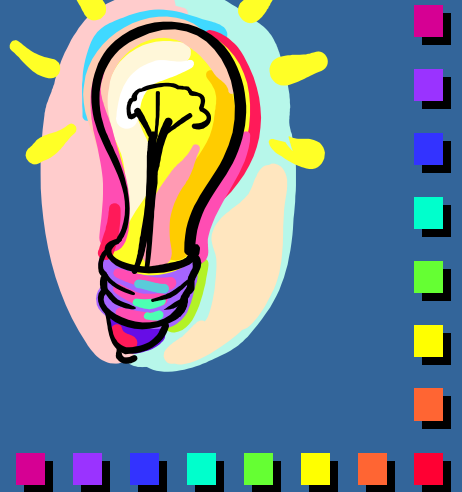
■ Affirm

- “Thanks for hanging in there with me.”





Find opportunities for *Reflection Breaks*





Prescribing Change



Small Positive Steps





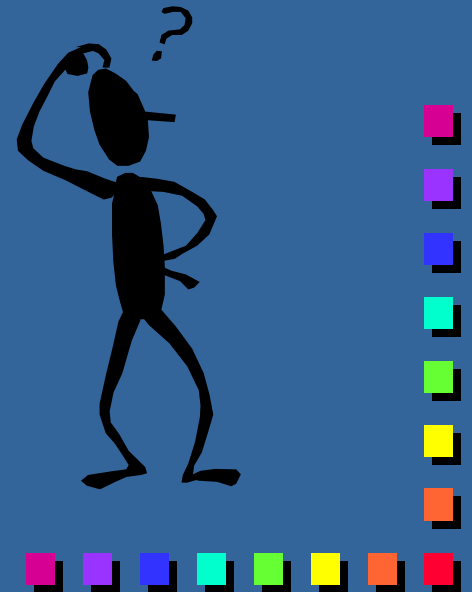
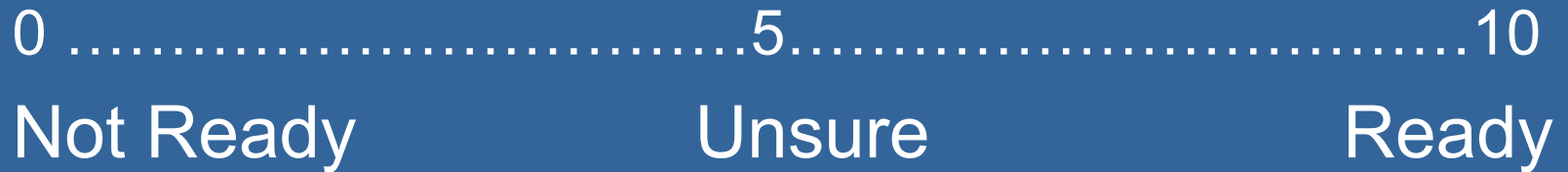
Provide Menu of Options

"There's definitely not just one right way"





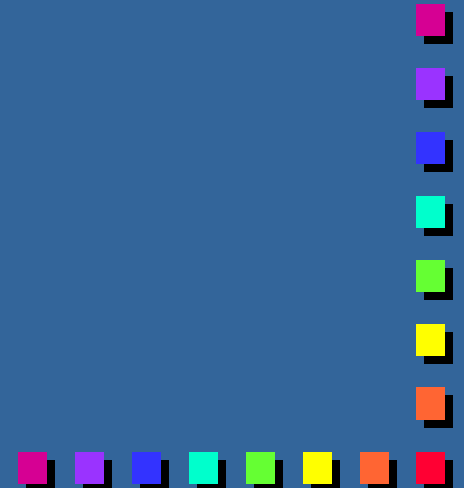
Readiness Ruler





Treatment Goals: *Not Ready*

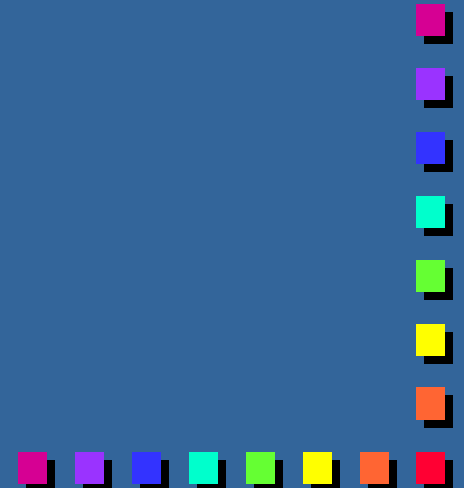
- Initiate “thinking about” change
- Provide information as requested





Treatment Goals: *Thinking About Change*

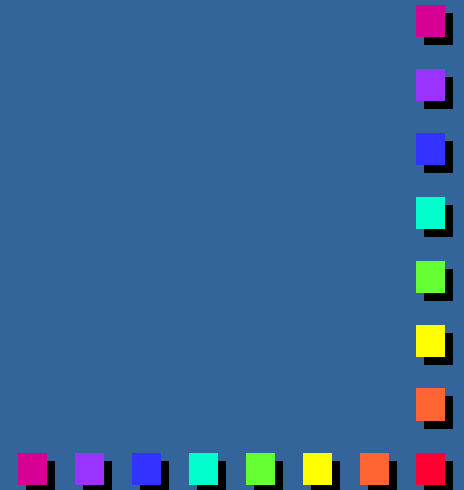
- Discuss benefits & drawbacks of change
- “Tip the balance”





Treatment Goals: *Ready*

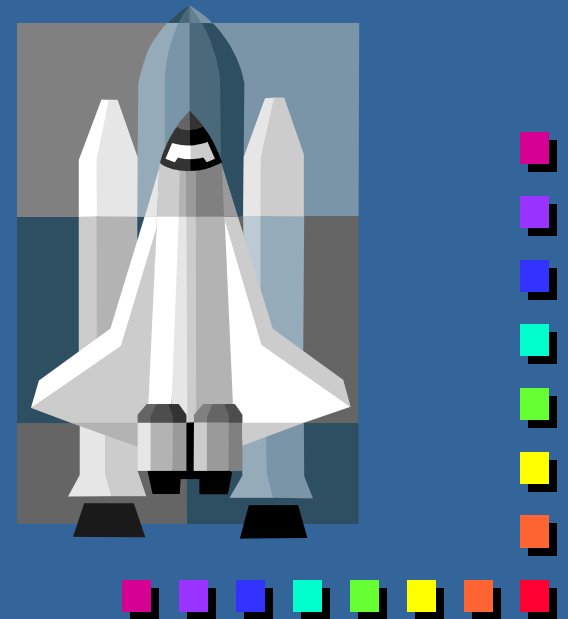
- Problem-solve barriers
- Provide “menu of options”
- Allow small positive steps
- Address expectations





Basic Principles of MI

Back to the Beginning.....





Basic Principles of MI

- 1) **E**xpress empathy
- 2) **R**oll with resistance
- 3) **D**evelop discrepancy
- 4) **S**upport self-efficacy





MI: Express Empathy

- Acceptance facilitates change
- Ambivalence is normal
- Reflective listening is fundamental





MI: Roll with Resistance

- Avoid argumentation
- Avoid unsolicited advice
- Ask permission first





MI: Develop Discrepancy

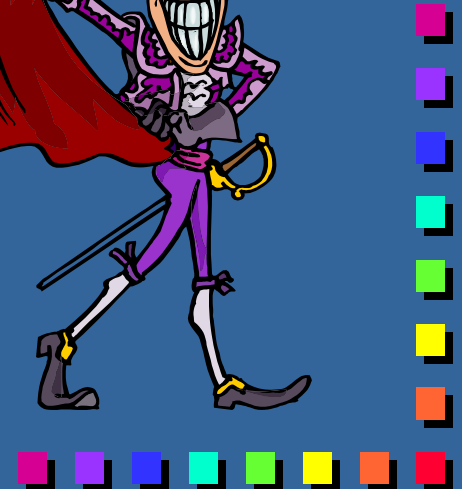
- Discrepancy motivates change
- “Core value” discrepancies are most powerful





MI: Support Self-Efficacy

- Offer a menu of options
- Patient-centered goal setting
- Empower





MI: Selected Citations

BOOKS

- Miller, W., and Rollnick, S. (1991). "Motivational interviewing: Preparing people to change addictive behavior." Guilford Press, New York.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- Rollnick S, Mason P, Butler C. Health Behavior Change: A guide for practitioners. London: Churchill Livingstone (Harcourt Brace Inc), 1999.

CONCEPTUAL PAPERS

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- Emmons K, Rollnick S. Motivational Interviewing in Health Care Settings: Opportunities and Limitations. *American Journal of Preventive Medicine* 2001;20:68-74.

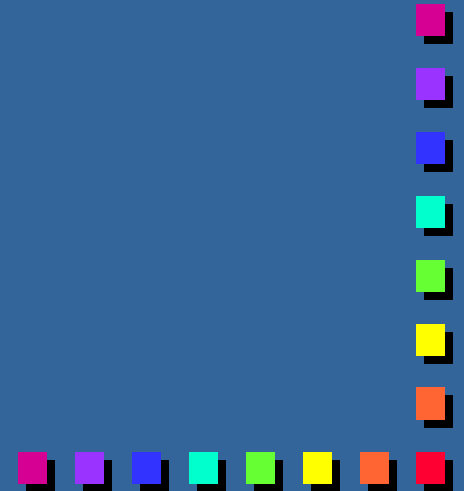
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- Resnicow K, Jackson A, Wang T, Dudley W, Baranowski T. A Motivational Interviewing Intervention to Increase Fruit and Vegetable Intake through Black Churches: Results of the Eat for Life. *American Journal of Public Health* 2001; 91:1686-1693.
- Smith D, Heckemeyer C, Kratt P, Mason D. Motivational Interviewing to Improve Adherence to a Behavioral Weight-Control Program for Older Obese Women with NIDDM. *Diabetes Care* 1997; 20:52--54.
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- Harland J, White M, Drinkwater C, Chinn D, Farr L, Howel D. The Newcastle exercise project: a randomised controlled trial of methods to promote physical activity in primary care. *BMJ* 1999;319:828-32.





THE END





About the Presenter

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